

SAMPLE ALTCS AUTHORIZATION LETTER



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

JANET NAPOLITANO
Governor

ANTHONY D. RODGERS
Director

October 15, 2003

654321
PROVIDER NAME
PROVIDER ADDRESS
CITY, STATE ZIP

CORRESPONDENCE REQUEST NUMBER: 314748 LTC PA LTR (PROVIDER APPROVAL)
LONG TERM CARE KEY INFORMATION: A12345678199

TO PROVIDER NAME:

THIS IS YOUR AUTHORIZATION CONFIRMATION FOR THE SERVICE(S) WHICH
REQUIRE AUTHORIZATION FROM THE ARIZONA LONG-TERM CARE SYSTEM (ALTCS)
ADMINISTRATION. THESE SERVICES HAVE BEEN APPROVED. RECEIPT OF THIS
NOTIFICATION IS NOT A GUARANTEE OF PAYMENT.

PROVIDER ID/NAME : 654321 (PROVIDER NAME)
RECIPIENT ID/NAME : A123456789 (EARP, WYATT DOB: 10/01/66 SEX: M)
RECIPIENT DATE OF BIRTH : 10/01/66
SERVICE CODE : T1019 (PERSONAL CARE SERVICES, PER 15 MINUTES)
DIAGNOSIS CODE : 799.9
SERVICE DATE FROM : 09/22/2003
SERVICE DATE THROUGH : 09/26/2003
UNITS APPROVED : 48
CASE MANAGER ID : 999999
CASE MANAGER NAME : LAST NAME, FIRST NAME
CASE MANAGER PHONE NUMBER : 5209991234

NOTE: THE AUTHORIZATION (PA) NUMBER HAS BEEN ELIMINATED. NO PA NUMBER
IS REQUIRED ON THE CLAIM FORM. RECEIPT OF THIS NOTICE NOW SERVES AS
PROOF THAT AUTHORIZATION WAS PROVIDED BY THE CASE MANAGER FOR
SERVICE(S) TO BE RENDERED.

BILLING QUESTIONS SHOULD BE DIRECTED TO THE AHCCCS CLAIMS CUSTOMER SERVICE
UNIT AT (602) 417-7670 OR 1-800-794-6862.

ANY QUESTIONS PERTAINING TO THE SERVICE(S) DELIVERED TO AN ALTCS
RECIPIENT SHOULD BE DIRECTED TO THE ACTUAL CASE MANAGER WHO REQUESTED
THE SERVICE(S)

SINCERELY,

AHCCCS ADMINISTRATION